

# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By ( Mark X)	Candidate	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	JESS	JIULIANT	E	625 mm (1736-224 (1955)	Substitution and the substitution of the subst
Street Address		SUNRISE 4		# 5A	
City ERIE		State PA	Zip Code	# 5A 16509	
Type of Report (Place x under report type)	- MONARCH FOR DEPENDANCE IN	Con A PANA SHOW POLICE EN PORTON DE			
11-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday 3-30 Day Post Pre-Primary Pre-Primary Primary .	4- 6th Tuesday   5- 2 Pre- Election   Pre	2 <sup>nd</sup> Friday 6-30 Day I - Election Election	Post 7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (IMM/DD/YYYY) 11/07/201	Year L	Amendme Report	(A)	Termination Report	
Summary of Receipts and From Date Expenditures    IO/24/2017     A. Amount Brought Forward From Last Report	To Date  11/27/3	2017	For Of	fice Use Only	
B. Total Monetary Contributions and Receipts (From Schedule II) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV)  Part 1- If this is a Committee report, treasurer sign here I swear (or affirm) that this report, including the attach Sworp to and subscribed before me this    day of   Clarks   Mo     Signature   Mo   DAY   YR     MO   DAY   YR     Commission expires   Mo   DAY   Commission expires   Mo   DAY   Commission expires     Commission expires   Mo   D	\$ 2,400. \$ (36,850 \$ 450.0 \$ (37,300 \$ 00.00	Affidavit Section e report, candidate sign he r, is to the best of my know	wedge and belief true,	lit	EC-6 PH 12: 17
ውስተለነጋበተለት፱ አቴፓስቴታውን Fof ድርብ ይሰላይ ሲቀ ሲ ሲ thorized Co I swear (one ይሰጥል) ተስዲተ ርያርት ይቀዩና of my knowledge and Cambed by S. Alexander, Notary Public City of Erie, Erie County ያላው በተመከተያ ያለው ከተመነበ ያ BER, PENNS/LVANA ASSOCIATION OF NOTARIES day of	mmittee, candidate si	ommittee has not violated			
Signature  My Commission expires  MO. DAY YR.	.1	Area Code	Printed Name  SC 7  Daytime	7476 Telephone Number	II .

# SCHEDULE I Contributions and Receipts

**Detailed Summary Page** 

Filer Identification Number	and the same		
	mace		W. ANTON
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period (	1)	)   \$	
2. Contributions of \$50.01 to \$250.00 (From	-/	<b>Y</b>	
Part A and Part B)			
Contributions Received from Political Committees (Part A)	Rehot	[\$]	
All Other Contributions (Part B)		\$	
Total for the reporting period (2	2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period (3	3)	\$	_
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period (4	1	\$ 2	
5) 9550x 5765		2,400.00	
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	t	\$ 2,400.00 \$ 2,400.00	

#### PART A

### **Contributions Received From Political Committees**

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification	n Number	DOTTO SAFERING CONTRACTOR			
The state of the s		et our introduction by			Amount
Full Name of Co Committee	ntributing.		COMPOSITION CONTRACTOR CONTRACTOR PROGRAMMENTAL CONTRACTOR CONTRAC	Date [MM/DD/YYYY] \$	AND DESCRIPTION OF THE PARTY OF
'House #	Street Address			Date [MM/DD/YYYY] \$	
City	<b>海。</b> 在20年35年至200	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee	ntributing	Newscond of the last	The second secon	Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee	ntributing		Constitution of August 2 Augus	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	Control of the contro
City	William Control	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee				Date [MM/DD/YYYY] \$	A STATE STAT
House #	Street Address			Date [MM/DD/YYYY] \$	MARINE STATE
City	Total College Entire Annual Store of	State	Zip Gode	Date [MM/DD/YYYY] \$	MANAGEMENT OF
Full Name of Con Committee	itributing	Service and an artist production	[APPROXIMATION CONTINUES   PROXIMATION CONTINUES OF THE C	Date [MM/DD/YYYY] \$	And the control of th
House #	Street Address			Date [MM/DD/YYYY] \$	ACTIVITIES OF THE PROPERTY OF
City		State	Zip Code	Date [MM/DD/YYYY] \$	Application of the second
Full Name of Con Committee	1. B. 1. E. 1.		Cartest (III Toron Carte Control (III Contro	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Tomos read conductions on several for an expense	State	Zip Code	Date [MM/DD/YYYY] \$	

#### PART B

#### **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:

		NAME AND PARTY OF INDISA			
Full Name of Con	MILITER I				- Vojeni
Tum Tum Co.	(II) u(o)			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$
THE AND THE				SANCORE MODELS AND LANGUAGE AS A SERVICE SANCORES	
City	Brown District Control of the Contro	State	Zip.Code	Date [MM/DD/YYYY]	\$
Full Name of Con	rik age	187415 1874733			
	Moutor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cont	tributor			Date [MM/DD/YYYY]	\$
				Porce [Min/Po/Parin]	.5
House #	Street Address			Date [MM/DD/YYYY]	Š
City	Proposition and Proposition an	State	Zip Code	Date [MM/DD/YYYY]	Ş
Full Name of Cont	ributor		The state of the s	Date [MM/DD/YYYY]	5
House #	Street Address			Date [MM/DD/YYYY]	\$
City	Englishmilative	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cont	ributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Conti	ributor		Posterior Control (Control of Control of Con	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

#### PART C

### **Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:

Full Name of Contributing Committee	Date [MM/DD/YYYY] \$
House # Street Address	
Jule Cardiness	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] 5
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
	G.

## PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:

Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street A			Date [MM/DD/YYYYY] \$
City	State	Zip Code	Date [MM/DD/YYYYY] \$
Employer Name Employer Mailing Address /			Occupation
Principal Place of Business		5	
Full Name of Contributor	100 (100 (100 (100 (100 (100 (100 (100		Date [MM/DD/YYYY] \$
House #   Street A	ddress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street A	ddress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		[mayaboooden-anama]	Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Ad			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			

#### PART E

### **Other Receipts**

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer. Filer Identification Number:

Full Name	
11000000	JESS JIULIANTE CAMPAIEN COMMITTEE
110)	SCHOLISE ZYNES OK. 43A
City	ERIE PA. Code 16509 11/13/2017 2,000.00
Receipt Description	PARTIAL RE-PAYMENT OF LOAN TO THE CAMPAGEN COMMITTEE
Full Name	JESS TIULIANTE CAMPAIGN COMMITTEE
1/03	reet.Address SUNIRISE LAHES DR. #54
Gity	ERIE PA Code 16509 [MM/DD/YYYY] 5 400.00
Receipt Description	PARTIAL RE-PAYMENT OF LOAN TO THE CAMPAIEN CONMITTEE
Full Name	
;House# Sti	reet Address
Citý	State Zip Date [MM/DD/YYYY] §
	Code
Receipt Description	Proceedings   Dropped Part
Full Name	
House# Str	eet Address
City	State Zip Date [MM/DD/YYYYY] \$
	Gode
Receipt Description	Production of the Control of the Con
Full Name	
House(# Str	eet/Address
City	State Zip Date [MM/DD/YYYYY] \$
	- Code
Receipt Description	The state of the s
Full Name	
House # Stre	eet Address
City	State Zip Date (MM//DD//YYYY) \$
	Code
Receipt Description	
CHOO SECURE DESCRIPTIONS DON	

#### **SCHEDULE II**

## IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

TOTAL for the reporting period  (1)  \$  Z==INEMIND CONTRIBUTION SIREGEIVED VALUE OF \$50.00 TO S250.00 (BROMI PARTIE)  TOTAL for the reporting period  (2)  \$  TOTAL for the reporting period  (3)  \$  TOTAL for the reporting period  (3)  \$  TOTAL for the reporting period  (3)  \$  TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	Filer Identification Number:	CONTRACTOR OF THE PROPERTY OF	entropies with the mention of the major the major with a more than the control of
TOTAL for the reporting period (1) \$  2. In Exind Contributions received - Value OF \$50101 TO \$250100 (BROMI PARTIF)  TOTAL for the reporting period (2) \$  3. INEXIND CONTRIBUTION RECEIVED - VALUE OVER: \$250100 (FROMI PARTIF)  TOTAL for the reporting period (3) \$  TOTAL for the reporting period (3) \$  TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3: also enter			
TOTAL for the reporting period (1) \$  2. In Exind Contributions received - Value OF \$50101 TO \$250100 (BROMI PARTIF)  TOTAL for the reporting period (2) \$  3. INEXIND CONTRIBUTION RECEIVED - VALUE OVER: \$250100 (FROMI PARTIF)  TOTAL for the reporting period (3) \$  TOTAL for the reporting period (3) \$  TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3: also enter		Park the Carrier of the Commence of the Commen	
TOTAL for the reporting period (1) \$  2. ISINEKIND.GONER/BUTTONS:REGETYED-VALUE-OF-\$50101-TOTS250100 (FROM PART F)  TOTAL for the reporting period (2) \$  3. INEKIND CONTRIBUTION REGETYED-VALUE OVER: \$250100 (FROM PART G)  TOTAL for the reporting period (3) \$  TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter	輸		
TOTAL for the reporting period (1) \$  2. In Exind Contributions received - Value OF \$50101 TO \$250100 (BROMI PARTIF)  TOTAL for the reporting period (2) \$  3. INEXIND CONTRIBUTION RECEIVED - VALUE OVER: \$250100 (FROMI PARTIF)  TOTAL for the reporting period (3) \$  TOTAL for the reporting period (3) \$  TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3: also enter	Solvey and the transfer of the solvey of the	THE STATE OF THE S	
TOTAL for the reporting period  (2)  \$  TOTAL for the reporting period  (3)  \$  TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter	1. UN LEWIZEDIN KIND CONTRIBUTIONS R	ECEIVED VALUE OF \$50.00	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period  (2)  \$  TOTAL for the reporting period  (3)  \$  TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter	TOTAL for the reporting period	TO THE STREET, SHIP CONTROL OF	
TOTAL for the reporting period (2) \$  TOTAL for the reporting period (3) \$  TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter	To the reporting period (1)	) \$	
TOTAL for the reporting period (2) \$  TOTAL for the reporting period (3) \$  TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter			
TOTAL for the reporting period (2) \$  TOTAL for the reporting period (3) \$  TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter	2 INEWNOVADIATION OF CHARACTER	Name of the Control o	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter	Z INVINE GOLLINION (GIVZIKEGE) VED (VIII)	UE OE \$50:01:TO:\$250:00 (F	ROM PARTIE)
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter	TOTAL for the reporting period (2)		
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter	(2)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter			
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter	BE SINEKIND GO MIRIBILI ON REGENERAL WHITE	E/NVED CTEN/AN/EDARMEN	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter	ALO	E O VEV-3290100 (FROM PAF	(116)
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter	TOTAL for the reporting period (3)	l ¢	
PERIOD (Add and enter amount totals from boxes 1, 2, and 3: also enter		٦	
PERIOD (Add and enter amount totals from boxes 1, 2, and 3: also enter	NUMBER OF THE PROPERTY OF THE		
PERIOD (Add and enter amount totals from boxes 1, 2, and 3: also enter	TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING	THIS REPORTING   \$	MODES STORE ENVIRANCE GREETER CONTROL SEE TO COMMENCE DAMAGE A CONTROL OF THE CON
on Page 1, Report Cover Page, Item F)	PERIOD (Add and enter amount totals from boxes 1	, 2, and 3; also enter	:
	on Page 1, Report Cover Page, Item F)		

#### SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer (dentification Number:			
Full Name of Contributor			Date (MIN/DD/YYYY)
House # Street Address			Date [MM/DD/YYYY)] \$
City  Description of Contribution	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor	20110207444018754446		Date [MM/DD/YYYY] \$
House:#- Street-Address			Date [MM/DD/YYYY] 5
City	State	Zip Code	Date [MM/DD/YYYY] 2\$
Description of Contribution			
Full Name of Contributor			Date [MM/DD/YYYY)] \$
House # Street Address			Date [MM/DD/YYYY] \$
City  Description of Contribution	State	Zip Code	Date [MM//DD/YYYY] \$
Full Name of Contributor			Date [MM/DD/YYYY]
House# Street Address			Date [MM/DD/YYYY] \$
City.  Description of Contribution	State	Zip Code	Date [MM/DD/YYYY]] \$5
Full Name of Contributor			Date [MM/DD/YYYY)] .\$
House # Street Address			Date (MM/DD/YYYY) \$
City	State	Zip Gode	Date [MM/DD/YYYY] \$:
Description of Contribution			

### SCHEDULE II Part G

### **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:	
The state of the s	
Biblion - Year South	

STATION OF THE PARTY OF THE PAR		
Full Name of Contributor		Date:[MM/DD/YYYYY] \$
House# Street/Address		Date [MM/DD/YYYYY] \$
TCity	State Zip Code	Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal		-Occupation
Place of Business		Description of Contribution
Full Name: of Contributor-	THE PERSON OF TH	Date [MM/DD/YYYY] \$
House:# Street Address		
		Date [MM/DD/YYYY] 5
	State Zip Code	Date [MM/DD/YYYY] '5
Employer Name	(Disharana and State and S	Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
'House'# Street Address		
	Lookengy Tookengy 1 Lookengy 1 Lo	Date [MM/DD/YYYY] \$
	tate, Zip Cöde	Date [MM//DD/YYYYY]
Employer Name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Occupation
Employer Mailing Address / Principal Place of Business	93	Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY) \$
House # Street Address		_Date [MM/DD/YYYY]
	ate Zip Gode	Date [MM/DD/YYYYY] \$
Employer Name	ureard [Marataretterconure]	Occupation
Employer Mailing Address / Principal Place of Business		Description of Gont/ibution

# Statement of Expenditures

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AND DESCRIPTION OF THE SECRET LINE SECRET AND THE S	
Heler dentification Numbers	
13hile Gidentification in Lumber 25	
(1) 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	

To Whom Paid	Date [MM/DD/\\\)
JESS JINLIANTE CAMPAIGN COMMITTEE	11/03/2017 450.00
1703 SUNRISE LAKES OR. #5A	Description of Expenditure
City ERIE State PA. Zip Code 16509	LUAN TO TESS TILLIANTE CAMPAION COMMITTEE
To Whom Paid .	Date [MM/DD/YYYY] \$
House # Street Address	Description of Expenditure
Gity State Zip	
To Whom Paid	Date [MM/DD/XYYY)   PS
House # Street Address	Description of Expenditure
Gity Zip Zip	- Description of Expenditure
To/Whom/Paid=1	PONTE STEP NOTE IN THE PARTY OF
	-Date (MM/DD/YYYY)
House# Street Address	Description of Expenditure
City_ State Zip Code	
To Whom Paid	Date [MM/DD/YYYY]   \$
House # Street Address	Description of Expenditure
Gity State Zip	
To Whom Paid (	Date [MM/DD/YYYY] \$
House #   Street Address	
	Description of Expenditure
Gode	
To Whom Paid	Date [MM/DD/YYYY] - \$
House # Street Address	Description of Expenditure
City. Zíp. (Code	
(Baranasa)	Date [MM/DD/YYYY] \$
Housei# Street Address	Description of Expenditure
Gity State Zip	
Code	

#### SCHEDULE IV

### Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Creditor	
	Outstanding Balance of Debt
11003611	eet.Address DATEIDEBT INCURRED \$
City	State   Zip   Gods
Description of Debt	Gode :
L. S. D. S.	
Name of Creditor	Outstanding Balance of Debt≥
House # Stre	eet-Address DATE-DEBT INCURRED SE [MM/DD/YYYY]
City	-State Zip -Gode S
Description of Debt	
Name of Creditor	- Outstanding Balance of Debt
House#- Stre	DATE DEBT INCURRED \$
	[(MM/DD/YYYY)]
City	State Zip:
Description of Debt	Code
Name of Creditor	/Outstanding Balance of Debt
House # Stre	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City	State: Zip
Description of Debt	Code
Name of Creditor	Outstanding Balance of Debt
House # Stree	et Address DATE DEBT INCURRED \$ [MIM/DD/YYYY]
City	State   Zip
Description of Debt	Code
Name of Creditor	Outstanding Balance of Debt
House# Stree	et/Address DATE DEBT INCURRED \$
	[MM/OD/YYYY].
Gity	State Zip
Description of Debt	Gode
William Control of the Control of th	ANNALOW PROJECT PROTECT AND DISCOUNT OF THE PROTECT